

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
Received and Filed
7/24/2024 1:32:17 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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**Certificate of Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

ISU PEDIGO-LESSENBERRY INSURANCE AGENCY

2. The assumed name has been discontinued by

PEDIGO-LESSENBERRY INSURANCE AGENCY, INC.

3. This application will be effective on **Wednesday, July 24, 2024.**

4. The date the original certificate was filed:

Friday, February 14, 2014

5. The mailing address of the entity's principal office is

103 PIN OAK LN., GLASGOW, KY 42141

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **President: William F. Murrey**

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